



ARKANSAS INSURANCE DEPARTMENT  
ACCOUNTING DIVISION  
1200 WEST THIRD STREET  
LITTLE ROCK, AR 72201-1904  
PHONE (501) 371-2605  
<http://www.arkansas.gov/insurance/>

**PREMIUM TAX INSTRUCTIONS  
HOSPITAL/MEDICAL SERVICE CORPORATIONS**

**READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORMS:**

**DUE DATE: MARCH 1, 2005**

**EACH INSURER MUST FILE THE FOLLOWING:**

1. 2004 FORM AID AC HM-T (ANNUAL REPORT OF PREMIUMS, CO-PAYMENTS, TAXES AND FEES); WITH SUPPORTING DOCUMENTATION AND CHECK ATTACHED
2. 1 COPY OF UNDERWRITING & INVESTMENT EXHIBIT, PART 1 (PAGE 8)
3. 1 COPY OF ARKANSAS DIRECT BUSINESS PAGE
4. 1 COPY OF SCHEDULE T (**MUST** BE REPORTED IN DIRECT WRITTEN PREMIUMS)

All tax filings and payments must be received on or before March 1, 2005; the Department does not accept the postmark date. No authority exists for granting any extension of time for filing or payment. Any insurer that fails to report or pay tax will be subject to penalty in accordance with ACA 26-57-607.

For questions concerning the completion of tax forms, contact the Accounting Division at (501) 371-2605 or email us at [insurance.accounting@arkansas.gov](mailto:insurance.accounting@arkansas.gov)

**Do not mail the premium tax forms and checks with the annual statement or any other correspondence. Premium tax forms and payments must be mailed to the following address:**

**Arkansas Insurance Department  
Accounting Division  
1200 West Third Street  
Little Rock AR 72201-1904**

**THE FOLLOWING FORMS ARE TO BE RETURNED TO THE ADDRESS NOTED ON EACH FORM.**  
**DO NOT INCLUDE WITH THE PREMIUM TAX FILINGS:**

**CORPORATE FRANCHISE TAX**

Remit to the Office of the Secretary of State, Attention: Charlotte Martin,  
1401 Capitol Ave., Victory Bldg., Suite 250, Little Rock AR 72201.

**2004 MANDATORY ARKANSAS  
COMPREHENSIVE HEALTH INS  
POOL (CHIP)**

This form can be downloaded at [www.arkansas.gov/insurance/](http://www.arkansas.gov/insurance/)  
scroll down and click on Arkansas Comprehensive Health Ins Pool.  
If you have any questions, direct inquiries to (501) 370-2659. Mail to the  
address on the form.

## **INSTRUCTIONS FOR AID AC HM-T (Annual Report Of Premiums, Taxes, And Fees)**

### **SECTION B: Information regarding the Arkansas credits**

#### **Life and/or Health Insurers and Health Maintenance Organization Salary Offset § 26-57-604**

Companies licensed to write accident and health insurance may take a credit for noncommissioned salaries and wages of the insurer's Arkansas employees as an offset against the 2.5% tax on accident and health premiums. The offset may not reduce tax due on accident and health premiums by more than 80%. The criteria for the credit is in Schedule IC-PT, (page 3 of FORM AID AC HM-T annual report of premiums, taxes, and fees.)

#### **Arkansas Property and Casualty Guaranty Fund Assessment Credit § 23-90-119**

The Property & Casualty Guaranty Fund Association will issue a notice of the available credit. Questions regarding the credit should be directed to the PCGF office at (501) 371-2776.

#### **Arkansas Life and Health Guaranty Fund Assessment Credit § 23-96-115**

The Life and Health Guaranty Fund Association will issue a notice of the available credit. Questions regarding the credit should be directed to the LHGF office at (501) 371-2776.

#### **Arkansas Comprehensive Health Insurance Pool § 23-79-507**

The CHIP administrator will issue a notice of the available credit. Questions regarding the credit should be directed to the CHIP office at (501) 370-2659.

#### **Affordable Neighborhood Housing Tax Credit §§ 15-5-1303 to 15-5-1304**

Insurers that perform affordable housing assistance activities may take a premium tax credit for up to 30% of the total amount invested and not to exceed \$750,000 in any taxable year. Program must meet standards of and be approved by Arkansas Development Finance Authority.

#### **Low-Income Housing Tax Credit § 26-51-1702**

Insurers are allowed a state income or premium tax credit equal to 20% of the federal low-income housing tax credit not to exceed \$250,000 in any taxable year. The credit is available for insurers that own an interest in a qualified project for which the Arkansas Development Finance Authority has issued an eligibility statement.

#### **County or Regional Industrial Development Corporation on Limited Liability Company § 15-4-1224**

Insurers may take a premium tax credit for investments in a county or regional industrial development firm. The credit is equal to 33.33% of the actual purchase price of stock or units of interest and fees paid (with limitations). The maximum credit in one tax year is 50% of the net premium tax liability. Excess may be carried forward for three years.

#### **Capital Development Corporation Tax Credit §§ 15-4-1026, 15-4-1029(f)(1)**

Person who purchases an equity interest in a capital development company between 2003 through 2013 is entitled to a credit against any state income tax liability or premium tax liability, which may be imposed on the purchaser for any tax year commencing with the tax year, which is two years after the date of the purchase. The credit shall be equal to thirty-three and one-third ( $33\frac{1}{3}$ ) of the actual purchase price paid for the equity interest to the company, including any fees or commissions to underwriters or sales agents paid by the company. No fees or commissions in excess of fifteen percent (15%) of the total purchase price may be considered in calculating the amount of the credit. In any one-tax year, the credit shall not exceed fifty percent (50%) of the net state income tax liability or premium tax liability of the taxpayer after all other credits or reductions in tax have been calculated. No credit under this section is allowed for any tax year after December 31, 2019.

Upon dissolution, if the proceeds from the purchase of the equity interest have not been used for the purposes stated in § 15-4-1016 or for operating expenses, then each person who previously claimed a tax credit with respect to that purchase, the tax imposed for the year the dissolution occurs shall be increased by the tax credit amount associated with the unused purchase proceeds.

**SECTION E:**

The amount of quarterly prepayments must agree with the ACTUAL prepayment amounts paid each quarter.  
**DO NOT ROUND AMOUNTS.**

Make one check payable to the State Treasurer of Arkansas and attach to the form. Checks for groups are not acceptable. Payment must be made for each individual company.

**REFUNDS:**

If a negative amount results, it cannot be carried forward. A refund will be processed after the audit is completed.

**If a refund is due, check the line on page 1, in the upper right hand corner of the form.**



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ACCOUNTING DIVISION  
DUE MARCH 1, 2005

\_\_\_ ORIGINAL FILING  
\_\_\_ AMENDED FILING  
\_\_\_ REFUND DUE

**ANNUAL REPORT OF PREMIUMS, CO-PAYMENTS, TAXES AND FEES  
OF ALL HEALTH MAINTENANCE ORGANIZATIONS**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)
COMPANY NAME		
MAILING ADDRESS		
CONTACT PERSON		
TELEPHONE NUMBER	EXT	FAX NUMBER
EMAIL ADDRESS		

**READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM**

**2004 ANNUAL STATEMENT**

**A. PREMIUM TAX:**

Underwriting and Investment Exhibit, Part 1, Column 1.

- |  |              |
|--|--------------|
| 1. Direct Written Premium and Co-Payments      | \$ _____     |
| 2. Less Federal Employees Health Benefits Plan | \$ ( _____ ) |
| 3. Less HCFA Payment                           | \$ ( _____ ) |
| 4. Net Taxable Premiums                        | \$ _____     |
| 5. Tax 2 1/2 %                                 | \$ _____     |

**B. CREDITS:**

- |   |              |
|---|--------------|
| 6. ARKANSAS SALARIES CREDIT (Schedule IC-PT)<br>NOT TO EXCEED 80% OF SECTION A(5) | \$ ( _____ ) |
| 7. AR COMPREHENSIVE HEALTH INS POOL (CHIP) CREDIT                                 | \$ ( _____ ) |
| 8. AFFORDABLE NEIGHBORHOOD HOUSING CREDIT   | \$ ( _____ ) |
| 9. LOW-INCOME HOUSING TAX CREDIT  | \$ ( _____ ) |
| 10. SUBTOTAL A(5) LESS 6 THRU 9   | \$ _____     |
| 11. COUNTY & REGIONAL INDUSTRIAL DEVELOPMENT CORP CREDIT                          | \$ ( _____ ) |
| 12. CAPITAL DEVELOPMENT CORPORATION TAX CREDIT                                    | \$ ( _____ ) |

**C. NET PREMIUM TAX:**

- |  |          |
|--|----------|
| 13. B(10) LESS 11, 12<br>AMOUNT CANNOT BE LESS THAN ZERO | \$ _____ |
|--|----------|

NAIC\_\_\_\_\_

COMPANY NAME\_\_\_\_\_

2004 FORM AID AC HM-T

**D. FEES:**

14. Filing Annual Statement \$ 50.00

15. Certificate of Authority Renewal \$ 100.00

16. Total Fees \$ 150.00

**E. PREMIUM TAX AND FEES DUE:**

17. C(13) + D(16) \$

18. Less 2004 Quarterly Prepayments (from below) \$( )

19. NET PAYMENT DUE \$

## 2004 FORM AID AC EST-Q PREPAYMENTS

3/31/04	check #	\$
6/30/04	check #	\$
9/30/04	check #	\$

\*\*\*\*\*PAYMENTS AND REUNDS\*\*\*\*\*

- 1 **MAKE ONE CHECK PAYABLE TO THE STATE TREASURER OF THE STATE OF ARKANSAS AND ATTACH TO THIS FORM** ( CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.)
- 2 DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.
- 3 IF THE NET PAYMENT RESULTS IN A REFUND, DO NOT SEND A PAYMENT FOR THE FEES.
- 4 REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

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**SCHEDULE IC-PT****LIFE AND /OR ACCIDENT AND HEALTH INSURERS AND HEALTH MAINTENANCE  
ORGANIZATION SALARY ANNUAL OFFSET**

**Each** authorized life or accident and health insurer, including an HMO, may take an annual credit for non-commissioned salaries and wages of the insurer's Arkansas employees as an offset against the 2.5% direct written tax on life and or accident and health insurance. The offset may not reduce tax due on accident & health premiums by more than 80%: or due on life premiums by more than 70%. The employee must be a non-commissioned hire and have been employed 6 months in Arkansas for the wages to qualify.

The Company reports as follows:

1. Number of non-commissioned Arkansas employees employed for a minimum of six (6) months as of the last day of the calendar year to which this report applies: \_\_\_\_\_
2. Amount of non-commissioned salaries and wages paid to individuals listed in item 1 above: \_\_\_\_\_.
3. Attach complete addresses of Company's Arkansas offices, which are staffed with individuals listed in Item 1. Attach as many additional sheets as necessary.

**AFFIDAVIT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Comes \_\_\_\_\_ and states on oath that he/she is the

\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Company)

and that the foregoing statements are true and correct as shown by the records of said Company.

\_\_\_\_\_  
(ORIGINAL SIGNATURE OF OFFICER)

Subscribed and sworn to or affirmed before me, the undersigned Notary Public, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires \_\_\_\_\_